



King County

Benefits, Payroll and
Retirement Operations

Affidavit of Domestic Partnership

Check all applicable boxes and provide the date as needed

☐ I (employee) certify that my domestic partner (named below) and I are not registered and/or are not eligible to register with the Washington State Office of the Secretary of State.

☐ I (employee) certify my domestic partner (named below) and I began our domestic partnership on the _____ day of _____ (month), _____ (year), and we

- Share the same regular and permanent residence;
- Have a close personal relationship;
- Are jointly responsible for *basic living expenses**;
- Aren't married to anyone;
- Are both 18 years of age or older;
- Aren't related by blood closer than would bar marriage in the State of Washington;
- Were mentally competent to consent to contract when our domestic partnership began; and
- Are each other's sole domestic partners and are responsible for each other's common welfare.

* *"Basic living expenses" means the cost of basic food, shelter and any other expenses of a domestic partner paid at least in part by a program or benefit for which the partner qualified because of the domestic partnership. Individuals need not contribute equally or jointly to the cost of these expenses as long as they both agree they are responsible for the cost.*

Confirm you understand this affidavit and have provided accurate information

I, _____, the employee, certify that I have an obligation to notify Benefits, Payroll and Retirement Operations of any change of circumstances attested to in this affidavit within 30 days of such change by filing a Discontinue Dependent Coverage form. I understand that falsification of information on this affidavit may lead to disciplinary action up to and including discharge from employment.

We, _____, the employee, and _____, the domestic partner, understand this information will be held confidential and subject to disclosure only upon express written authorization or if otherwise required by law. We understand this Affidavit of Domestic Partnership is not equivalent to a State of Washington registered domestic partnership certificate and does not offer the same provisions, such as with some state family and medical leaves, as the aforementioned certificate. We understand a civil action may be brought against us for any losses, including reasonable attorney fees, because of a false statement contained in this Affidavit of Domestic Partnership. We certify under penalty of perjury, under the laws of the State of Washington, the foregoing is true and accurate.

(over)

SIGNED this day, _____, in the month of _____, 2011.

Employee signature _____ Date signed _____

Printed name _____ Contact phone (_____) _____

Domestic partner signature _____ Date signed _____

Printed name _____ Employee ID _____

NOTARY AFFIDAVIT

STATE OF WASHINGTON

COUNTY OF _____

On this day personally appeared before me

_____, the employee,

and/or

_____, the domestic partner,

to me known to be the individuals described in and who executed the within and foregoing instrument, and acknowledged that he/she/they signed the same as their free and voluntary act and deed, for the uses and purposes therein mentioned.

Given under my hand and seal of office, this _____ day of _____, 20____.

Notary signature

Notary Public residing at _____

Printed Name: _____

My commission expires:
